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Bib Data Sheet

CONFIRMATION NO. 8523

|                             |  |              |                        |                                     |
|-----------------------------|--|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/528,577 | FILING OR 371(c)<br>DATE<br>03/21/2005<br>RULE | CLASS<br>606 | GROUP ART UNIT<br>3764 | ATTORNEY<br>DOCKET NO.<br>WEICKM-44 |
|-----------------------------|--|--------------|------------------------|-------------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/DE03/02871 08/26/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 102-44-847.7 09/20/2002

|  |                                |                   |                       |                            |
|--|--------------------------------|-------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>GERMANY | SHEETS<br>DRAWING | TOTAL<br>CLAIMS<br>23 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                |                   |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                                |                   |                       |                            |

**ADDRESS**

23599

**TITLE**

Medical device for dispensing medicaments

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1050 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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